

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1					
18		1				
19		1				
20		1				
21	1					
22		1				
23		1				
24		3				
25	1					
26		1				
27		2				
28	1					
29		1				
30		1				
31	1					
32		1				
33		2				
34	1					
35	1					
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	16					
TOTAL CLAIMS	23					

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						